

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS469XASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2009
NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2136 E DESERT INN RD #B LAS VEGAS, NV 89109		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure health and life safety code survey and a complaint investigation conducted in your facility on 6/17/09 and finalized on 6/30/09, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients. The facility was surveyed following the 2006 edition of the American Institute of Architects (AIA), Guideline for the Design and Construction of Health Care Facilities and the 2006 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code.</p> <p>Complaint #NV00022058 was unsubstantiated.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A100 SS=F	<p>NAC 449.983 Protection from Fires and Other Disasters</p> <p>1. The administrator shall ensure that the center, members of the staff and patients are adequately</p>	A100		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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A100	Continued From page 1 protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for: (g) The conduct of fires drills not less frequently than once each quarter for each shift of employees and requirements for a dated, written report and an evaluation of each drill. This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence of fire drills conducted on a quarterly basis since June of 2008. Severity: 2 Scope: 3	A100		
A122 SS=C	NAC 449.9865 Medical Staff 4. A roster of the surgical privileges of each member of the medical staff must be kept in the files of the operating room, specifying the privileges accorded him. This Regulation is not met as evidenced by: Based on staff interview, it was determined that there was no roster of the surgical privileges of each member of the medical staff in the procedure room. Severity: 1 Scope: 3	A122		
A173 SS=C	NAC 449.992 Pathological Services 3. A list of tissues that do not routinely require microscopic examination must be approved by a pathologist and made available to the laboratory and the members of the medial staff. This Regulation is not met as evidenced by: Based on policy review, the facility failed to	A173		

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A173	Continued From page 2 ensure the pathology exempt tissue list had been approved by the pathologist. Severity: 1 Scope: 3	A173			

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